

IDAHO PHYSICAL THERAPY LICENSURE BOARD
Bureau of Occupational Licenses
1109 Main Street, Suite 220
Boise, ID 83702

APPLICATION FOR PHYSICAL THERAPIST ASSISTANT

INSTRUCTIONS: Please complete this form by providing all of the requested information, fees, and signatures. All signatures must be notarized. Submit the complete application to the address above.

An initial licensure fee of \$95.00, along with an administrative fee of \$40.00 must be submitted with this application.

1. Full Name (Mr., Mrs., or Ms.) _____

2. Address of Record _____
(The above address is public record) Street City State Zip

3. Mailing address _____
(The above address is not public record) Street City State Zip

4. Date of Birth ____/____/____ **Place of Birth** _____ **Social Security No.** ____/____/____
 month day year
(Proof of age must be attached. A copy of your birth certificate, passport, military ID, or valid driver's license is acceptable.)

5. Home phone (____) _____ **Business Phone** (____) _____ **E-mail** _____

6. I am a graduate of _____ **Physical Therapy educational institution.**
(Official transcripts must be received by this office directly from the institution registrar before your application will be processed)

7. Is the institution a nationally accredited school of Physical Therapy? ☐ Yes ☐ No
(If Yes, documentation of this fact must be verified. If No, additional documentation may be requested.)

8. Have you passed the National Physical Therapy Examination? ☐ Yes ☐ No
(If Yes, official documentation of your score must be received by this office directly from the National Board.)

9. Are you currently or have you ever been licensed in any state? ☐ Yes ☐ No
(If Yes, we must receive certification of licensure directly from the issuing authority before your application will be processed.)
Note; please list all states you have been licensed in below.

10. Have you ever had a license or registration revoked, suspended, or otherwise sanctioned? ☐ Yes ☐ No
(If yes, a copy of the charges and the final order must be received before your application will be processed.)

11. Have you ever been convicted, found guilty, received a withheld judgment or suspended sentence of a felony or crime, other than minor traffic offenses, in this or any other state? ☐ Yes ☐ No
(If yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be received before your application will be processed.)

12. Do you now, or have you ever had a serious physical or mental illness? ☐ Yes ☐ No
(If yes, a detailed statement, medical records, and any other relevant information must be received before your application will be processed.)

APPLICATION FOR IDAHO PHYSICAL THERAPY ASSISTANT
(continued)

13. Please attach the name and current address of two persons willing to provide a reference to your moral character.
(This office will contact the person you list. We must receive a response before your application will be processed.)

NAME

MAILING ADDRESS

CITY, STATE, ZIP

NAME

MAILING ADDRESS

CITY, STATE, ZIP

14. Attach a passport photograph of yourself taken within the last 12 months.

HEIGHT _____ WEIGHT _____

EYE COLOR _____ HAIR COLOR _____

OTHER DISTINGUISHING FEATURES _____

**ATTACH
PHOTOGRAPH
HERE**

15. Please attach a copy of your Physical Therapy college diploma.

AFFIDAVIT

I hereby certify under penalty of perjury that the responses provided on and attached to this application are true and accurate to the best of my knowledge and belief. I further certify that I have reviewed and will comply with the Idaho Laws and Rules and the adopted Code of Ethics governing the practice of Physical Therapy Assistants in Idaho.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying.

I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

Signature of Applicant

(seal)

Notary Public official signature
my commission expires _____

SUPERVISING PHYSICAL THERAPIST INFORMATION AND AFFIDAVIT

Supervisor's Business Name _____

Supervisor's Business Address _____

Street/PO Box

City

State

Zip

Daytime phone _(____)_____ **Fax** _(____)_____ **E-mail** _____

I hereby certify under penalty of perjury that I hold an Idaho Physical Therapy license in good standing and that I have not been the subject of discipline by the Idaho Physical Therapy Licensure Board. I further certify that I have read and understand Idaho's Physical Therapy laws and rules, and have knowledge of the Supervision requirements.

Print Supervisor's Name & License Number

Signature of Supervising Appraiser

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____

NOTE:

Each licensee who provides you with supervision must complete a Supervising Physical Therapist Affidavit. This page may be copied as necessary if you have more than one supervisor. Attach the completed copies to your application.